

<i>SERFF Tracking Number:</i>	<i>FICI-125418289</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>FirstComp Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC-AR-08-02</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>WC Adoption Filing</i>		
<i>Project Name/Number:</i>	<i>WC-AR-08-02/WC-AR-08-02</i>		

## Filing at a Glance

Company: FirstComp Insurance Company	SERFF Tr Num: FICI-125418289	State: Arkansas
Product Name: WC Adoption Filing	SERFF Status: Closed	State Tr Num: EFT \$50
TOI: 16.0 Workers Compensation	Co Tr Num: WC-AR-08-02	State Status: Fees verified and received
Sub-TOI: 16.0000 WC Sub-TOI Combinations		
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: Julynda Bohlman	Disposition Date: 01/10/2008
	Date Submitted: 01/09/2008	Disposition Status: Approved
Effective Date Requested (New): 01/01/2008		Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008		Effective Date (Renewal):
State Filing Description:		

## General Information

Project Name: WC-AR-08-02	Status of Filing in Domicile: Not Filed
Project Number: WC-AR-08-02	Domicile Status Comments:
Reference Organization: National Council on Compensation Insurance, Inc.	Reference Number: P-1405
Reference Title: Terrorism Risk Insurance Program Reauthorization Act Advisory Org. Circular: CIF-2007-10 of 2007	
Filing Status Changed: 01/10/2008	
State Status Changed: 01/10/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
FirstComp Insurance is filing to adopt NCCI Countrywide Item Filing P-1405--Terrorism Risk Insurance Program Reauthorization Act of 2007 Endorsements.	
We would like this filing to apply to all new and renewal business effective January 1, 2008.	

Sincerely,

SERFF Tracking Number: FICI-125418289 State: Arkansas  
Filing Company: FirstComp Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: WC-AR-08-02  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
Product Name: WC Adoption Filing  
Project Name/Number: WC-AR-08-02/WC-AR-08-02  
Julynda Bohlman

## Company and Contact

### Filing Contact Information

Julynda Bohlman, Regulatory Compliance Analyst  
jbohlman@firstcomp.com  
222 South 15th Street (402) 943-1086 [Phone]  
Omaha, NE 68102-1680

### Filing Company Information

FirstComp Insurance Company CoCode: 27626 State of Domicile: Nebraska  
222 South 15th Street Group Code: Company Type:  
Suite 1200  
Omaha, NE 68102-1680 Group Name: State ID Number:  
(888) 500-3344 ext. [Phone] FEIN Number: 43-1429637  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: 1 Form filing x \$50.00 = \$50.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
FirstComp Insurance Company	\$50.00	01/09/2008	17411634

<i>SERFF Tracking Number:</i>	<i>FICI-125418289</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
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<i>Project Name/Number:</i>	<i>WC-AR-08-02/WC-AR-08-02</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Carol Stiffler	01/10/2008	01/10/2008

*SERFF Tracking Number:*      *FICI-125418289*

*State:*      *Arkansas*

*Filing Company:*      *FirstComp Insurance Company*

*State Tracking Number:*      *EFT \$50*

*Company Tracking Number:*      *WC-AR-08-02*

*TOI:*      *16.0 Workers Compensation*

*Sub-TOI:*      *16.0000 WC Sub-TOI Combinations*

*Product Name:*      *WC Adoption Filing*

*Project Name/Number:*      *WC-AR-08-02/WC-AR-08-02*

## **Disposition**

Disposition Date: 01/10/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	FICI-125418289	State:	Arkansas
Filing Company:	FirstComp Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	WC-AR-08-02		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	WC Adoption Filing		
Project Name/Number:	WC-AR-08-02/WC-AR-08-02		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Terrorism Risk Insurance Program Reauthorization Act Endorsement	Approved	Yes
Form	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement	Approved	Yes

SERFF Tracking Number:	FICI-125418289	State:	Arkansas
Filing Company:	FirstComp Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	WC-AR-08-02		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	WC Adoption Filing		
Project Name/Number:	WC-AR-08-02/WC-AR-08-02		

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Terrorism Risk Insurance Program Reauthorization Act Endorsement	WC 00 01 13 A	1/08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 WC 00 01 13 Previous Filing #:		WC000113A.pdf
Approved	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement	WC 00 04 21 B	1/08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 WC 00 04 21 A Previous Filing #:		WC000421B.pdf

**TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT**

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007.

**Definitions**

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

"Program Year" refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

**Limitation of Liability**

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

**Policyholder Disclosure Notice**

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceeds \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceeds \$100,000,000,000.
3. The premiums charged for the coverage for Insured Losses under this policy are included in the amounts shown in Item 4 of the Information Page or in the Schedules in the Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement (WC 00 04 21 B) and the Foreign Terrorism Premium Endorsement (WC 00 04 22), attached to this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective  
Insured

Policy No.

Endorsement No.  
Premium:

Insurance Company

Countersigned by \_\_\_\_\_

**WC 00 01 13 A**  
(Ed. 1-08)



**DOMESTIC TERRORISM, EARTHQUAKES, AND CATASTROPHIC INDUSTRIAL ACCIDENTS PREMIUM  
ENDORSEMENT**

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of domestic terrorism, earthquakes, and/or a catastrophic industrial accident.

Your policy provides coverage for workers compensation losses caused by acts of domestic terrorism, earthquakes, and/or catastrophic industrial accident including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

The premium charge provides funding for the risk of earthquakes, catastrophic industrial accidents, and acts of domestic terrorism. It does not provide funding for acts of foreign terrorism as that term is defined in the Foreign Terrorism Premium Endorsement (WC 00 04 22), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- Domestic Terrorism: All acts of terrorism, certified (as defined in the Terrorism Risk Insurance Act of 2002), or non-certified, that are outside the scope of the Foreign Terrorism Premium Endorsement (WC 00 04 22), and where aggregate workers compensation losses are in excess of \$50 million.
- Earthquake: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity where aggregate workers compensation losses from the single event are in excess of \$50 million.
- Catastrophic Industrial Accident: Any single event resulting in aggregate workers compensation losses in excess of \$50 million.

**Schedule**

Payroll

Rate

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective  
Insured

Policy No.

Endorsement No.  
Premium:

Insurance Company

Countersigned by \_\_\_\_\_

<i>SERFF Tracking Number:</i>	<i>FICI-125418289</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>WC-AR-08-02/WC-AR-08-02</i>		

## **Rate Information**

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>FICI-125418289</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>FirstComp Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC-AR-08-02</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>WC Adoption Filing</i>		
<i>Project Name/Number:</i>	<i>WC-AR-08-02/WC-AR-08-02</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	01/10/2008
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### Comments:

NAIC Uniform Transmittal Document Attached.

### Attachment:

F777-8AR.pdf

# Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
N/A	0000

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
FirstComp Insurance Company	Nebraska	27626	43-1429637	

<b>5. Company Tracking Number</b>	<b>WC-AR-08-02</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Julynda Bohlman Central Park Plaza South 222 South 15 <sup>th</sup> St., Ste. 1200 Omaha, NE 68102	Regulatory Compliance Analyst II	(402) 943-1086	(888) 500-1236	jbohlman@firstcomp.com
7. Signature of authorized filer		Julynda Bohlman		
8. Please print name of authorized filer		Julynda Bohlman		

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	16.0 Workers Compensation
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.0000 WC Sub-TOI Combinations
<b>11. State Specific Product code(s) (if applicable)[See State Specific Requirements]</b>	N/A
<b>12. Company Program Title</b> (Marketing title)	N/A
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 1/1/08 Renewal: 1/1/08
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	National Council on Compensation Insurance, Inc.
<b>17. Reference Organization # &amp; Title</b>	Item P-1405 Terrorism Risk Insurance Program Reauthorization Act of 2007
<b>18. Company's Date of Filing</b>	01/08/08
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	WC-AR-08-02
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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FirstComp Insurance is filing to adopt NCCI Countrywide Item Filing P-1405--Terrorism Risk Insurance Program Reauthorization Act of 2007 Endorsements.

We would like this filing to apply to all new and renewal business effective January 1, 2008.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #:</b> EFT <b>Amount:</b> \$50.00</p>          <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		<b>WC-AR-08-02</b>		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)		<b>N/A</b>		
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Terrorism Risk Insurance Program Reauthorization Act Endorsement	WC 00 01 13 A	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	WC 00 01 13	
02	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement	WC 00 04 21 B	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	WC 00 04 21 A	
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		